



# Non-Profit Funding Request Application

**Funding Period: October 1, 2019 – September 30, 2020**

**Application Deadline: June 14, 2019**

Organization and Contact Information		
Agency Name:		
Street Address:		
City:	State:	Zip:
Website:		
Executive Director:		
Phone:	Email:	
Name and Title of Principle Contact:		
Phone:	Email:	
Date of Incorporation:	Consecutive Years of Operation:	

Program Information	
Program Name:	
Total Program Cost:	<b>Total Funding Request:</b>
<p><b>Public Purpose:</b> Describe in detail how the Program impacts the health, economic opportunity, or social well-being of the clients served, and the methodology for providing services.</p> <p>Clearly align Program impacts with Okaloosa County’s Vision of “providing an unmatched economic opportunity and quality of place and life for all citizens” and Mission to “engage our private and public sector partners to provide...economic opportunity and excellence in critical services to enhance the quality of life for all residents.”</p>	

If there are similar service providers or Programs, distinguish how this Program is different.

**Resources:** Explain the agency's staffing, equipment, facilities, etc. that will be used to effectively deliver the Program services described above.

**Additional Funding Sources:** Please list any additional County funding received as part of this application.

**Budget:** Provide a clear budget that indicates a reasonable expense for the Program services and leverages other funds to the greatest extent possible.

Federal Grant	State Grant	Private Partnerships	Donations/ Other	Okaloosa County	Total Revenues
Personnel	Program Operations	Administrative/ Overhead	Facilities Repair/ Maintenance	Capital Equipment	Total Expenses

*Note: Okaloosa County will not fund the purchase of capital assets with a value in excess of \$5,000 or a useful life greater than three years.*

Clients Served Annually:	Cost per Client Served:
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**Performance Metrics:** Identify measures to define Program success and impact to clients served.

	Oct '16 – Sep '17 Actual	Oct '17 – Sep '18 Actual	Oct '18 – Sep '19 Estimate	Oct '19 – Sep '20 Estimate
[Metric 1]				
[Metric 2]				
[Metric 3]				

If historical data is not available for an existing program, please explain.

### Certification/Attestation

The Program's services are not be restrictive with regard to race, sex, age, religion, disability, or any other classification that would be prohibited by law.

The Program's services are available to all residents in Okaloosa County who meet the eligibility requirements of the Agency.

An annual financial report detailing Program revenues and expenditures signed by the agency's Executive Director will be provided.

An annual programmatic report describing progress towards Program outcomes signed by the agency's Executive Director will be provided.

For funding up to \$10,000, an affidavit stating the funds were used for expenses incurred in accordance with the Application and all applicable county, state and federal rules, laws and regulations shall be provided no later than December 31 of the fiscal year for which funding was awarded.

For funding above \$10,000, receipts and documentation which establishes that the funds were expended in conformity with the Application and all applicable county, state and federal rules, laws and regulations shall be provided no later than December 31 of the fiscal year for which funding was awarded.

Agency may be subject to on-site visits or audit by the Board of County Commissioners or its designee.

I have read, fully understand and agree to be bound by Okaloosa County's Non-Profit Funding Policy (the "Policy"). I have completed this application fully and accurately and have not misrepresented any information contained herein. I certify that the requested funds will be used for the purposes set forth in this application and in conformity with the Policy and Florida law.

\_\_\_\_\_  
Executive Director Signature \_\_\_\_\_  
Date

<b>Application Checklist</b>	
The documents below must be submitted along with your application.	
IRS Determination Letter of 501(c)(3) Status.	
IRS 990 Form (most recent tax year)	
State of Florida Solicitation of Contributions Form	
Agency's current year budget (revenues and expenses)	
Prior year financial statements (revenues and expenses, audited if required)	

**Submit the completed form with documents to: OMB Director**  
**1250 North Eglin Parkway, Suite 102**  
**Shalimar, FL 32579**  
**(850) 651-7521**

**Please complete all sections of the application form. Incomplete applications and/or applications received after the deadline will not be considered.**

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<p><b>Scoring Key:</b></p> <ul style="list-style-type: none"> <li>1 – Serious substantive issues or areas of weakness</li> <li>2 – Issues or areas of weakness</li> <li>3 – Acceptable</li> <li>4 – Thorough details &amp; effective use of resources</li> <li>5 – Exceptional level of effectiveness &amp; innovation</li> </ul>	Score
<p><b>Public Purpose criteria:</b></p> <ul style="list-style-type: none"> <li>- clear description of program services and delivery mechanisms</li> <li>- measureable outcomes to be achieved</li> </ul>	

<ul style="list-style-type: none"> <li>- methods and strategies in place to collect valid data to support program outcomes</li> <li>- outcomes that meaningfully work toward achieving Okaloosa County's Vision and Mission statements</li> <li>- identification of other organizations that provide the same or similar services</li> <li>- demonstration of the uniqueness of the organization's program</li> </ul>	
<p><b>Resources criteria:</b></p> <ul style="list-style-type: none"> <li>- information about the program's staffing structure and personnel credentials</li> <li>- description of the necessary equipment, software and physical resources to deliver the program services</li> <li>- evidence that the organization can sustain appropriate levels of service</li> <li>- potential partnerships, collaborations with defined roles and responsibilities</li> </ul>	
<p><b>Budget criteria:</b></p> <ul style="list-style-type: none"> <li>- categorization of revenues and expenses</li> <li>- identification of matching grants or the leveraging of other funding sources</li> <li>- evidence of decreased reliance on Okaloosa County funding</li> </ul>	
<p><b>Performance Measures criteria:</b></p> <ul style="list-style-type: none"> <li>- at least two performance measures that communicate how the program is impacting the defined target population</li> <li>- at least one performance measure that aligns with Okaloosa County's Vision and Mission statements</li> <li>- established measures that drive the program's work and that meet the targeted goals</li> </ul>	
Total	

County Administrator Recommended Funding Amount:     \$ \_\_\_\_\_

Board Approved Funding Amount:                             \$ \_\_\_\_\_